

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

APRIL PORTER	§	
<i>Plaintiff</i>	§	
	§	
vs.	§	Civil Action No.4:17-cv-1191
	§	
UNIVERSITY OF TEXAS,	§	
MD ANDERSON CANCER CENTER	§	
<i>Defendant</i>	§	

**INDEX OF DOCUMENTS FROM STATE COURT'S DOCKET SHEET**

1. State District Court Docket Sheet
2. 03/23/17 Plaintiff's Original Petition
3. 03/23/17 Civil Case Information Sheet
4. 03/23/17 Civil Process Request Form
5. 03/24/17 Transfer Order
6. 04/06/17 Citations - Served and returned
7. 04/10/17 Defendant's Answer and Affirmative Defenses to Plaintiff's Original Petition

# DOCKET SHEET

Notes Color Key: Private Court Docket Sheet

Print

Case: 201719769 - 7



Court: 295 File Dt: 3/23/2017 Case Status: Active - Civil

☐ Case Type: DISCRIMINATION Type of Action: Discrimination  
Style: PORTER, APRIL vs UNIVERSITY OF TEXAS MD ANDERSON CANCER C

Docket Sheet Entries

Add

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Total Items: 1

Note Type Filter:

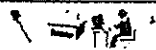
Active	Posting Date	Comments	Last Mod User	History Group
<input checked="" type="checkbox"/>	3/24/2017	TRANX - ORDER TRANSFERRING CASE TO ANOTHER DISTRICT COURT SIGNED	CONVERSION USER	<input type="checkbox"/> <a href="#">Edit</a>
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Trial Settings

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Case: <b>201719769 - 7</b>						
Court: 295 File Dt: 3/23/2017 Case Status: Active - Civil						
<input type="checkbox"/> Case Type: DISCRIMINATION Type of Action: Discrimination						
Style: PORTER, APRIL vs UNIVERSITY OF TEXAS MD ANDERSON CANCER C						
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Image Number	Pages	Activity Type	Activity Date	PJN	Party	
<input type="checkbox"/> <a href="#">74621533</a> <a href="#">16369822</a>	3	Defendant's Answer and Affirmative Defenses To Plaintiffs Original Petition	4/10/2017			<a href="#">Enter Revision</a> <a href="#">Add To Basket</a>
<input type="checkbox"/> <a href="#">74591029</a>	2	Citation	4/6/2017			<a href="#">Enter Revision</a> <a href="#">Add To Basket</a>
<input type="checkbox"/> <a href="#">74402166</a>	1	8X - TRANSFERRED TO ANOTHER HARRIS COUNTY DISTRICT COURT	3/24/2017			<a href="#">Enter Revision</a> <a href="#">Add To Basket</a>
<input type="checkbox"/> <a href="#">74372466</a> <a href="#">16029302</a>	4	TRANX - ORDER TRANSFERRING CASE TO ANOTHER DISTRICT COURT SIGNED	3/24/2017			<a href="#">Enter Revision</a> <a href="#">Add To Basket</a>
<input type="checkbox"/> <a href="#">74372467</a> <a href="#">16029302</a>	2	Plaintiffs Original Petition	3/23/2017			<a href="#">Enter Revision</a> <a href="#">Add To Basket</a>
<input type="checkbox"/> <a href="#">74372468</a> <a href="#">16029302</a>	2	Sub Doc: Civil Case Information Sheet	3/23/2017			<a href="#">Enter Revision</a> <a href="#">Add To Basket</a>
<input type="checkbox"/> <a href="#">74372468</a> <a href="#">16029302</a>	1	Sub Doc: Civil Process Request Form	3/23/2017			<a href="#">Enter Revision</a> <a href="#">Add To Basket</a>

# **CIVIL CASE INFORMATION SHEET**

3/23/2017 12:03:26 PM

Chris Daniel - District Clerk

Harris County

Envelope No: 16029302

BY LADESIYAN, JELILAT

Filed: 3/23/2017 12:03:26 PM

## CIVIL CASE INFORMATION SHEET


CAUSE NUMBER (FOR CLERK USE ONLY)

2017-19769 / Court: 234

STYLED APRIL PORTER V. MD ANDERSON CANCER CENTER

(e.g., John Smith v. All American Insurance Co; In re Mary Ann Jones; In the Matter of the Estate of George Jackson)

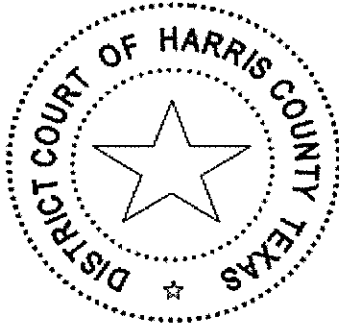
A civil case information sheet must be completed and submitted when an original petition or application is filed to initiate a new civil, family law, probate, or mental health case or when a post-judgment petition for modification or motion for enforcement is filed in a family law case. The information should be the best available at the time of filing.

<b>1. Contact information for person completing case information sheet:</b>  Name: <u>Craig Kcener</u> Address: <u>1005 Heights Boulevard</u> City/State/Zip: <u>Houston, Texas 77008</u> Signature:  Email: <u>CRKcener@aol.com</u> Telephone: <u>(713) 529-0048</u> Fax: <u>(713) 529-2498</u> State Bar No: <u>11167875</u>		<b>Names of parties in case:</b>  Plaintiff(s)/Petitioner(s): <u>April Porter</u>  Defendant(s)/Respondent(s): <u>MD Anderson Cancer Center</u> [Attach additional page as necessary to list all parties]		<b>Person or entity completing sheet is:</b> <input checked="" type="checkbox"/> Attorney for Plaintiff/Petitioner <input type="checkbox"/> Pro Se Plaintiff/Petitioner <input type="checkbox"/> Title IV-D Agency <input type="checkbox"/> Other: _____  Additional Parties in Child Support Case:  Custodial Parent:  Non-Custodial Parent:  Presumed Father:						
<b>2. Indicate case type, or identify the most important issue in the case (select only 1):</b>										
<b>Civil</b>  <table style="width: 100%;"> <tr> <td style="vertical-align: top;"> <b>Contract</b>  <i>Debt/Contract</i>  <input type="checkbox"/> Consumer/DTPA  <input type="checkbox"/> Debt/Contract  <input type="checkbox"/> Fraud/Misrepresentation  <input type="checkbox"/> Other Debt/Contract: _____   <i>Foreclosure</i>  <input type="checkbox"/> Home Equity—Expedited  <input type="checkbox"/> Other Foreclosure  <input type="checkbox"/> Franchise  <input type="checkbox"/> Insurance  <input type="checkbox"/> Landlord/Tenant  <input type="checkbox"/> Non-Competition  <input type="checkbox"/> Partnership  <input type="checkbox"/> Other Contract: _____         </td> <td style="vertical-align: top;"> <b>Injury or Damage</b>  <input type="checkbox"/> Assault/Battery  <input type="checkbox"/> Construction  <input type="checkbox"/> Defamation  <input type="checkbox"/> Malpractice  <input type="checkbox"/> Accounting  <input type="checkbox"/> Legal  <input type="checkbox"/> Medical  <input type="checkbox"/> Other Professional Liability: _____  <input type="checkbox"/> Motor Vehicle Accident  <input type="checkbox"/> Premises  <input type="checkbox"/> Product Liability  <input type="checkbox"/> Asbestos/Silica  <input type="checkbox"/> Other Product Liability            List Product: _____  <input type="checkbox"/> Other Injury or Damage: _____         </td> <td style="vertical-align: top;"> <b>Real Property</b>  <input type="checkbox"/> Eminent Domain/Condemnation  <input type="checkbox"/> Partition  <input type="checkbox"/> Quiet Title  <input type="checkbox"/> Trespass to Try Title  <input type="checkbox"/> Other Property: _____         </td> </tr> </table>			<b>Contract</b> <i>Debt/Contract</i> <input type="checkbox"/> Consumer/DTPA <input type="checkbox"/> Debt/Contract <input type="checkbox"/> Fraud/Misrepresentation <input type="checkbox"/> Other Debt/Contract: _____  <i>Foreclosure</i> <input type="checkbox"/> Home Equity—Expedited <input type="checkbox"/> Other Foreclosure <input type="checkbox"/> Franchise <input type="checkbox"/> Insurance <input type="checkbox"/> Landlord/Tenant <input type="checkbox"/> Non-Competition <input type="checkbox"/> Partnership <input type="checkbox"/> Other Contract: _____	<b>Injury or Damage</b> <input type="checkbox"/> Assault/Battery <input type="checkbox"/> Construction <input type="checkbox"/> Defamation <input type="checkbox"/> Malpractice <input type="checkbox"/> Accounting <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Other Professional Liability: _____ <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Premises <input type="checkbox"/> Product Liability <input type="checkbox"/> Asbestos/Silica <input type="checkbox"/> Other Product Liability List Product: _____ <input type="checkbox"/> Other Injury or Damage: _____	<b>Real Property</b> <input type="checkbox"/> Eminent Domain/Condemnation <input type="checkbox"/> Partition <input type="checkbox"/> Quiet Title <input type="checkbox"/> Trespass to Try Title <input type="checkbox"/> Other Property: _____	<b>Family Law</b>  <table style="width: 100%;"> <tr> <td style="vertical-align: top;"> <b>Marriage Relationship</b>  <input type="checkbox"/> Annulment  <input type="checkbox"/> Declare Marriage Void  <b>Divorce</b>  <input type="checkbox"/> With Children  <input type="checkbox"/> No Children         </td> <td style="vertical-align: top;"> <b>Post-judgment Actions (non-Title IV-D)</b>  <input type="checkbox"/> Enforcement  <input type="checkbox"/> Modification—Custody  <input type="checkbox"/> Modification—Other   <b>Title IV-D</b>  <input type="checkbox"/> Enforcement/Modification  <input type="checkbox"/> Paternity  <input type="checkbox"/> Reciprocals (UIFSA)  <input type="checkbox"/> Support Order         </td> </tr> </table>			<b>Marriage Relationship</b> <input type="checkbox"/> Annulment <input type="checkbox"/> Declare Marriage Void <b>Divorce</b> <input type="checkbox"/> With Children <input type="checkbox"/> No Children	<b>Post-judgment Actions (non-Title IV-D)</b> <input type="checkbox"/> Enforcement <input type="checkbox"/> Modification—Custody <input type="checkbox"/> Modification—Other  <b>Title IV-D</b> <input type="checkbox"/> Enforcement/Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Reciprocals (UIFSA) <input type="checkbox"/> Support Order
<b>Contract</b> <i>Debt/Contract</i> <input type="checkbox"/> Consumer/DTPA <input type="checkbox"/> Debt/Contract <input type="checkbox"/> Fraud/Misrepresentation <input type="checkbox"/> Other Debt/Contract: _____  <i>Foreclosure</i> <input type="checkbox"/> Home Equity—Expedited <input type="checkbox"/> Other Foreclosure <input type="checkbox"/> Franchise <input type="checkbox"/> Insurance <input type="checkbox"/> Landlord/Tenant <input type="checkbox"/> Non-Competition <input type="checkbox"/> Partnership <input type="checkbox"/> Other Contract: _____	<b>Injury or Damage</b> <input type="checkbox"/> Assault/Battery <input type="checkbox"/> Construction <input type="checkbox"/> Defamation <input type="checkbox"/> Malpractice <input type="checkbox"/> Accounting <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Other Professional Liability: _____ <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Premises <input type="checkbox"/> Product Liability <input type="checkbox"/> Asbestos/Silica <input type="checkbox"/> Other Product Liability List Product: _____ <input type="checkbox"/> Other Injury or Damage: _____	<b>Real Property</b> <input type="checkbox"/> Eminent Domain/Condemnation <input type="checkbox"/> Partition <input type="checkbox"/> Quiet Title <input type="checkbox"/> Trespass to Try Title <input type="checkbox"/> Other Property: _____								
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<b>Employment</b> <input checked="" type="checkbox"/> Discrimination <input type="checkbox"/> Retaliation <input type="checkbox"/> Termination <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Other Employment: _____			<b>Other Civil</b> <input type="checkbox"/> Administrative Appeal <input type="checkbox"/> Antitrust/Unfair Competition <input type="checkbox"/> Code Violations <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Intellectual Property <input type="checkbox"/> Lawyer Discipline <input type="checkbox"/> Perpetual Testimony <input type="checkbox"/> Securities/Stock <input type="checkbox"/> Tortious Interference <input type="checkbox"/> Other: _____							
<b>Tax</b> <input type="checkbox"/> Tax Appraisal <input type="checkbox"/> Tax Delinquency <input type="checkbox"/> Other Tax			<b>Probate &amp; Mental Health</b> <input type="checkbox"/> Guardianship—Adult <input type="checkbox"/> Guardianship—Minor <input type="checkbox"/> Mental Health <input type="checkbox"/> Other: _____							
<b>3. Indicate procedure or remedy, if applicable (may select more than 1):</b>										
<table style="width: 100%;"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Appeal from Municipal or Justice Court  <input type="checkbox"/> Arbitration-related  <input type="checkbox"/> Attachment  <input type="checkbox"/> Bill of Review  <input type="checkbox"/> Certiorari  <input type="checkbox"/> Class Action         </td> <td style="vertical-align: top;"> <input type="checkbox"/> Declaratory Judgment  <input type="checkbox"/> Garnishment  <input type="checkbox"/> Interpleader  <input type="checkbox"/> License  <input type="checkbox"/> Mandamus  <input type="checkbox"/> Post-judgment         </td> <td style="vertical-align: top;"> <input type="checkbox"/> Prejudgment Remedy  <input type="checkbox"/> Protective Order  <input type="checkbox"/> Receiver  <input type="checkbox"/> Sequestration  <input type="checkbox"/> Temporary Restraining Order/Injunction  <input type="checkbox"/> Turnover         </td> </tr> </table>						<input type="checkbox"/> Appeal from Municipal or Justice Court <input type="checkbox"/> Arbitration-related <input type="checkbox"/> Attachment <input type="checkbox"/> Bill of Review <input type="checkbox"/> Certiorari <input type="checkbox"/> Class Action	<input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Interpleader <input type="checkbox"/> License <input type="checkbox"/> Mandamus <input type="checkbox"/> Post-judgment	<input type="checkbox"/> Prejudgment Remedy <input type="checkbox"/> Protective Order <input type="checkbox"/> Receiver <input type="checkbox"/> Sequestration <input type="checkbox"/> Temporary Restraining Order/Injunction <input type="checkbox"/> Turnover		
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4. Indicate damages sought (*do not select if it is a family law case*):

- ☐ Less than \$100,000, including damages of any kind, penalties, costs, expenses, pre-judgment interest, and attorney fees
- ☐ Less than \$100,000 and non-monetary relief
- ☐ Over \$100,000 but not more than \$200,000
- ☒ Over \$200,000 but not more than \$1,000,000
- ☐ Over \$1,000,000

Rev 2/13



I, Chris Daniel, District Clerk of Harris County, Texas certify that this is a true and correct copy of the original record filed and or recorded in my office, electronically or hard copy, as it appears on this date.  
Witness my official hand and seal of office  
this April 11, 2017

Certified Document Number: 74372467 Total Pages: 2

Chris Daniel, DISTRICT CLERK  
HARRIS COUNTY, TEXAS

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# **CIVIL PROCESS REQUEST FORM**

3/23/2017 12:03:26 PM  
Chris Daniel - District Clerk  
Harris County  
Envelope No: 16029302  
BY ADESIYAN, JELILAT  
Filed 3/23/2017 12:03:26 PM

## CIVIL PROCESS REQUEST FORM

FOR EACH PARTY SERVED YOU MUST FURNISH ONE (1) COPIY OF THE PLEADING TO THE CLERK OF THE COURT.  
FOR WRITS FURNISH TWO (2) COPIES OF THE PLEADING PER PARTY TO THE CLERK OF THE COURT.

CASE NUMBER: \_\_\_\_\_ CURRENT COURT: \_\_\_\_\_

TYPE OF INSTRUMENT TO BE SERVED (See Reverse For Types): Plaintiff's Original Petition

FILE DATE OF MOTION: 3/ 22/ 2017  
Month/ Day/ Year

SERVICE TO BE ISSUED ON (Please List Exactly As The Name Appears In The Pleading To Be Served):

1. NAME: University of Texas-MD Anderson Cancer Center \_\_\_\_\_  
ADDRESS: 1515 Holcombe Boulevard, Houston, Texas 77030 \_\_\_\_\_  
AGENT, (if applicable): Interim President Marshall E. Hicks \_\_\_\_\_

TYPE OF SERVICE/PROCESS TO BE ISSUED (see reverse for specific type): Citation \_\_\_\_\_

## SERVICE BY (check one):

- ☐ ATTORNEY PICK-UP ☒ CONSTABLE  
☐ CIVIL PROCESS SERVER - Authorized Person to Pick-up: \_\_\_\_\_ Phone: \_\_\_\_\_  
☐ MAIL ☐ CERTIFIED MAIL  
☐ PUBLICATION:  
Type of Publication: ☐ COURTHOUSE DOOR, or  
☐ NEWSPAPER OF YOUR CHOICE: \_\_\_\_\_  
☐ OTHER, explain \_\_\_\_\_

ATTENTION: Effective June 1, 2010

For all Services Provided by the DISTRICT CLERKS OFFICE requiring our office to MAIL something back to the Requesting Party, we require that the Requesting Party provide a Self-Addressed Stamped Envelope with sufficient postage for mail back.  
Thanks you,

\*\*\*\*\*

2. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
AGENT, (if applicable): \_\_\_\_\_

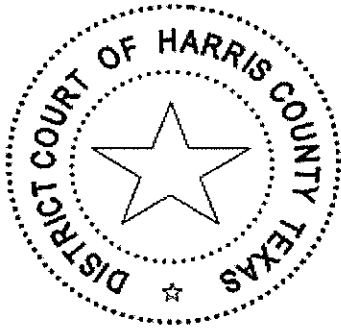
TYPE OF SERVICE/PROCESS TO BE ISSUED (see reverse for specific type): \_\_\_\_\_

## SERVICE BY (check one):

- ☐ ATTORNEY PICK-UP ☐ CONSTABLE  
☐ CIVIL PROCESS SERVER - Authorized Person to Pick-up: \_\_\_\_\_ Phone: \_\_\_\_\_  
☐ MAIL ☐ CERTIFIED MAIL  
☐ PUBLICATION:  
Type of Publication: ☐ COURTHOUSE DOOR, or  
☐ NEWSPAPER OF YOUR CHOICE: \_\_\_\_\_  
☐ OTHER, explain \_\_\_\_\_

## ATTORNEY (OR ATTORNEY'S AGENT) REQUESTING SERVICE:

NAME: Craig R. Keener \_\_\_\_\_ TEXAS BAR NO./ID NO. 11167875 \_\_\_\_\_  
MAILING ADDRESS: 1005 Heights Boulevard Houston, Texas 77008 \_\_\_\_\_  
PHONE NUMBER: (713) 529-0048 \_\_\_\_\_ FAX NUMBER: (713) 529-2498 \_\_\_\_\_  
area code phone number area code fax number  
EMAIL ADDRESS: CRKeener@aol.com \_\_\_\_\_



I, Chris Daniel, District Clerk of Harris County, Texas certify that this is a true and correct copy of the original record filed and or recorded in my office, electronically or hard copy, as it appears on this date.  
Witness my official hand and seal of office  
this April 11, 2017

Certified Document Number: 74372468 Total Pages: 1

Chris Daniel, DISTRICT CLERK  
HARRIS COUNTY, TEXAS

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# **PLAINTIFF'S ORIGINAL PETITION**

3/23/2017 12:03:26 PM  
 Chris Daniel - District Clerk  
 Harris County  
 Envelope No: 16029302  
 By: ADESIYAN, JELILAT  
 Filed: 3/23/2017 12:03:26 PM

2017-19769 / Court: 234

CAUSE NO. \_\_\_\_\_

APRIL PORTER	§	IN THE DISTRICT COURT OF
Plaintiff,	§	
	§	
VS.	§	HARRIS COUNTY, TEXAS
	§	
UNIVERSITY OF TEXAS	§	
MD ANDERSON CANCER CENTER	§	
Defendant.	§	_____ JUDICIAL DISTRICT

**PLAINTIFF'S ORIGINAL PETITION**

TO THE HONORABLE JUDGE OF SAID COURT:

Plaintiff, April Porter, files this First Amended Petition against the University of Texas-MD Anderson Cancer Center ("MD Anderson") for discriminating against her because of her race and gender, and for retaliating against her for opposing discriminatory practices. This case will be controlled by Discovery Plan Level Two (2) as required by TEX. R. CIV. P. 190.

**PARTIES, RESIDENCE AND SERVICE**

Plaintiff, April Porter is a resident of Harris County, Texas.

Defendant, MD Anderson, is a state funded university in the state of Texas which can be served by serving its Interim President, Marshall E. Hicks, M.D. at MD Anderson's business address of 1515 Holcombe Boulevard, Houston, Texas 77030.

**JURISDICTION AND VENUE**

The amount in controversy is within the jurisdictional limits of this Honorable Court. Because the incidents which form the basis of this petition occurred in Harris County, Texas, venue is proper in this Court. TEX. CIV. PRAC. & REM. CODE § 15.002.

### **FACTS**

April Porter was a Pharmacy Technician who did her job well. She was treated differently than Pharmacy Technicians who were not black females. Her supervisors, Rose Okello and David Yiu, subjected her to much greater scrutiny and criticism than the other Pharmacy Technicians. Other Pharmacy Technicians were given easier jobs, were not written up for doing the same things for which April Porter was written up, and were given preferential treatment that was not given to April Porter. April Porter was subjected to a sexually hostile work environment and a work environment that was hostile due to race and gender discrimination. April Porter repeatedly reported this discrimination to her supervisors' boss, Brian Miller, and human resources. Stella Odera, her co-worker, also complained about discrimination, and April Porter supported those complaints. After Stella Odera filed a charge of discrimination with the EEOC, April Porter's supervisors encouraged her to help management refute the allegations. When she refused, April Porter was given an inaccurate and negative performance evaluation. She exhausted her internal remedies by trying to grieve against this discrimination. She was retaliated against as a result of opposing these discriminatory practices. April Porter was placed on "Final Notices" and was ultimately terminated by MD Anderson. All of these acts were the direct result of discrimination and retaliation.

### **CONDITIONS PRECEDENT**

All conditions precedent necessary to filing suit and recovering from MD Anderson have been performed or have occurred. April Porter has fulfilled all administrative prerequisites to initiating this lawsuit. Within 300 days of discovering the discriminatory conduct of Defendant, April Porter attempted to file a charge of discrimination and retaliation with the Equal Employment Opportunity Commission ("EEOC") and the Texas Workforce Commission-Human Rights Division

("TWC"). The EEOC delayed the filing of her second charge of discrimination and retaliation, which should be deemed timely due to the EEOC's actions and the doctrine of equitable tolling. The EEOC has issued April Porter a Right to Sue Letter, and this First Amended Petition is being filed within 90 days of receipt of that letter.

### **VIOLATION OF THE TCHRA**

Defendant's actions constitute violations of the Texas Commission on Human Rights Act ("TCHRA") and Title VII. The acts of Defendant constitute discrimination against Plaintiff in the compensation, terms, conditions and privileges of her employment based upon her race, national origin, sex, and in retaliation for opposing Defendant's discriminatory practices. This discrimination and retaliation is the cause of both economic and compensatory damages suffered by April Porter.

### **DAMAGES**

April Porter is now suffering and will continue to suffer injury and monetary damages as a result of Defendant's discriminatory practices unless this Court grants relief. Specifically, April Porter has suffered damages in the form of back pay, front pay, lost benefits, and compensatory damages. April Porter seeks reinstatement to her position with MD Anderson. Pursuant to Texas Rule of Civil Procedure 47(c), monetary relief is sought over \$200,000 but not more than \$1,000,000.00.

### **ATTORNEY'S FEES**

It has become necessary for April Porter to retain the undersigned to pursue her case, and she seeks to recover attorney's fees and expert fees.

**CONCLUSION AND PRAYER**

Plaintiff, April Porter, requests that Defendant, the University of Texas-MD Anderson Cancer Center, be cited to appear and answer, and that after final hearing on this matter, Plaintiff have judgment against Defendant for all actual damages outlined above, reinstatement, attorney's fees, expert fees, prejudgment and post-judgment interest at the highest rates allowed by law, costs of court, and all other relief, both general and special, legal and equitable, to which Plaintiff is entitled.

Respectfully submitted,

Craig R. Keener, P.C.

/s/ Craig R. Keener

By: Craig R. Keener

State Bar No. 11167875

1005 Heights Boulevard

Houston, Texas 77008

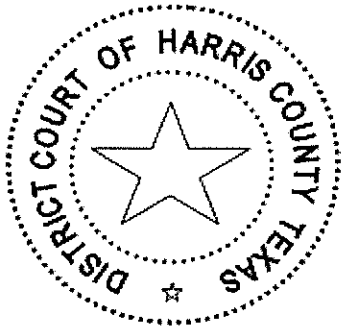
CRKeener@aol.com

(713) 529-0048 Telephone

(713) 529-2498 Facsimile

ATTORNEY FOR PLAINTIFF  
APRIL PORTER





I, Chris Daniel, District Clerk of Harris County, Texas certify that this is a true and correct copy of the original record filed and or recorded in my office, electronically or hard copy, as it appears on this date.  
Witness my official hand and seal of office  
this April 11, 2017

Certified Document Number: 74372466 Total Pages: 4

Chris Daniel, DISTRICT CLERK  
HARRIS COUNTY, TEXAS

**In accordance with Texas Government Code 406.013 electronically transmitted authenticated documents are valid. If there is a question regarding the validity of this document and or seal please e-mail [support@hcdistrictclerk.com](mailto:support@hcdistrictclerk.com)**

# **TRANSFER ORDER**

Filed 17 March 24 P5:00  
Chris Daniel - District Clerk  
Harris County

Pgs-1

TRANX  
8X

Cause No. 201719769

PORTER, APRIL

IN THE DISTRICT COURTS OF

V.

HARRIS COUNTY, TEXAS

UNIVERSITY OF TEXAS MD ANDERSON CANCER C

234 JUDICIAL DISTRICT

TRANSFER ORDER

It is ORDERED that the Harris County District Clerk transfer the above styled and numbered cause from the 234 District Court to the 295 District Court.

SIGNED Friday, March 24, 2017



HON. SYLVIA A. MATTHEWS  
ADMINISTRATIVE JUDGE  
CIVIL TRIAL DIVISION

Attraction Cause Number 201668806

PORTER, APRIL

v.

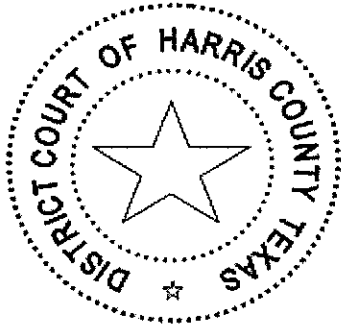
UNIVERSITY OF TEXAS MD ANDERSON CANCER C

File Court 295

JUDGMENT DATE:

JUDGMENT TYPE:

CASE TYPE: DISCRIMINATION



I, Chris Daniel, District Clerk of Harris County, Texas certify that this is a true and correct copy of the original record filed and or recorded in my office, electronically or hard copy, as it appears on this date.  
Witness my official hand and seal of office  
this April 11, 2017

Certified Document Number: 74402166 Total Pages: 1

Chris Daniel, DISTRICT CLERK  
HARRIS COUNTY, TEXAS

## **CITATIONS – SERVED AND RETURNED**

CAUSE NO 201719769

RECEIPT NO

75 00

COL

\*\*\*\*\*

TR # 73354984

PLAINTIFF PORTER, APRIL  
vs  
DEFENDANT UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER

In The 234th  
Judicial District Court  
of Harris County, Texas  
234TH DISTRICT COURT  
Houston, TX

## CITATION

THE STATE OF TEXAS  
County of Harris

11 FLOOR

Time  
By Chris Daniel  
District Clerk  
APR - 6 2017  
Harris County, Texas  
Deputy

FILED  
Chris Daniel  
District Clerk  
APR - 6 2017  
Harris County, Texas  
Deputy

TO UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER (STATE FUNDED  
UNIVERSITY) BY SERVING ITS INTERIM PRESIDENT MARSHALL E HICKS (MAY)  
1515 HOLCOMBE BOULEVARD HOUSTON TX 77030

Attached is a copy of PLAINTIFF'S ORIGINAL PETITION

This instrument was filed on the 23rd day of March, 2017, in the above cited cause number  
and court The instrument attached describes the claim against you

YOU HAVE BEEN SUED, You may employ an attorney If you or your attorney do not file a  
written answer with the District Clerk who issued this citation by 10 00 a m on the Monday  
next following the expiration of 20 days after you were served this citation and petition,  
a default judgment may be taken against you

TO OFFICER SERVING

This citation was issued on 23rd day of March, 2017, under my hand and  
seal of said Court

Issued at request of  
KEENER, CRAIG ROCKWELL  
1005 HEIGHTS BLVD  
HOUSTON, TX 77008  
Tel (713) 529-0048  
Bar No 11167875



Chris Daniel

CHRIS DANIEL, District Clerk,  
Harris County, Texas  
201 Caroline, Houston, Texas 77002  
(P O Box 4651, Houston, Texas 77210)

Time

APR - 6 2017

Harris County Texas

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## OFFICER/AUTHORIZED PERSON RETURN

Came to hand at \_\_\_\_\_ o'clock \_\_\_\_ M , on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Executed at (address) \_\_\_\_\_ in

\_\_\_\_\_ County at \_\_\_\_\_ o'clock \_\_\_\_ M , on the \_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_, by delivering to \_\_\_\_\_ defendant, in person, a

true copy of this Citation together with the accompanying \_\_\_\_\_ copy(ies) of the Petition

attached thereto and I endorsed on said copy of the Citation the date of delivery

To certify which I affix my hand officially this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

FEE \$ \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_ County, Texas

\_\_\_\_\_  
Affiant

By

\_\_\_\_\_  
Deputy

On this day, \_\_\_\_\_, known to me to be the person whose  
signature appears on the foregoing return, personally appeared After being by me duly sworn,  
he/she stated that this citation was executed by him/her in the exact manner recited on the  
return

SWORN TO AND SUBSCRIBED BEFORE ME, on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

N INT CITR P

\*73354984\*

RECORDER'S MEMORANDUM  
This instrument is of poor quality  
at the time of imaging

**Constable Return of Corporation**

Cause # 201719769

Tracking # 73354984

In the case of PORTER, APRIL VS UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER a CITATION and attached PLAINTIFF'S ORIGINAL PETITION was issued by the 234th Judicial District court of Harris County, and came to hand on the 24 day of March, 2017 at 10 47AM to be delivered at 1515 Holcombe Boulevard, Houston, TX 77030 by delivering to UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER

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**Service of Corporation**

Executed the same in HARRIS County, Texas, on the 3 day of April, 2017 at 11 47AM by summoning UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER a Corporation at 1515 Holcombe Boulevard, Houston, Texas 77030 By delivering to HOLLY O RUMBAUGH in person the attorney of said Corporation a true copy of this CITATION, together with the accompanying certified copy of the PLAINTIFF'S ORIGINAL PETITION

Fee \$ 75 00 Due

by Deputy Arthur Henderson

Printed

Deputy Signature

Attempts 1

**May Walker , Constable Precinct #7**

**Harris County Texas**

5290 Griggs Road Houston Texas 77021



I, Chris Daniel, District Clerk of Harris County, Texas certify that this is a true and correct copy of the original record filed and or recorded in my office, electronically or hard copy, as it appears on this date.  
Witness my official hand and seal of office  
this April 11, 2017

Certified Document Number: 74591029 Total Pages: 2

Chris Daniel, DISTRICT CLERK  
HARRIS COUNTY, TEXAS

**In accordance with Texas Government Code 406.013 electronically transmitted authenticated documents are valid. If there is a question regarding the validity of this document and or seal please e-mail [support@hcdistrictclerk.com](mailto:support@hcdistrictclerk.com)**



**DEFENDANT'S ANSWER AND  
AFFIRMATIVE DEFENSES TO  
PLAINTIFF'S ORIGINAL PETITION**

CASE NO. 2017-19769

APRIL PORTER	§	IN THE DISTRICT COURT OF
<i>Plaintiff</i>	§	
	§	
vs.	§	
	§	HARRIS COUNTY, TEXAS
UNIVERSITY OF TEXAS,	§	
MD ANDERSON CANCER CENTER	§	
<i>Defendant</i>	§	234 <sup>th</sup> DISTRICT COURT

**DEFENDANT'S ANSWER AND AFFIRMATIVE DEFENSES  
TO PLAINTIFF'S ORIGINAL PETITION**

Defendant University of Texas MD Anderson Cancer Center, by and through its undersigned attorney of record, timely files its Answer and Affirmative Defenses to Plaintiff's Original Petition.

**GENERAL DENIAL**

Defendant denies the allegations of wrongdoing under state and federal law contained in Plaintiff's Original Petition and demands strict proof thereof as authorized under the TEXAS RULES OF CIVIL PROCEDURE.

**AFFIRMATIVE DEFENSES**

1. Defendant asserts all applicable sovereign, official, and other immunities to Plaintiff's claims, including but not limited to its entitlement to caps and limits on damages or other demanded relief.
2. Defendant asserts that any and all employment decisions challenged by Plaintiff were correct and taken for legitimate reasons unrelated to the protected characteristic(s) or protected activity of the Plaintiff, if any.

Defendant would have undertaken the same challenged decisions and actions, anyway.

3. Defendant asserts that Plaintiff did not timely and adequately exhaust all claims through compulsory administrative remedies; nor did Plaintiff satisfy all of the applicable statutes of limitations or other applicable time requirements of the law.
4. Defendant contends that Plaintiff did not adequately mitigate his damages claims.
5. Defendant asserts offset of damages as an affirmative defense.
6. Defendant asserts the defense of after-acquired evidence.
7. Defendant asserts the right to raise additional defenses that become apparent through the further factual or legal development of the case.

#### **PRAYER**

Defendant prays that Plaintiff take nothing by her suit, that all costs be taxed and adjudged against the Plaintiff, and that Defendant be granted any other and further relief to which it shows itself justly entitled.

Respectfully submitted,

KEN PAXTON  
Attorney General of Texas

JEFFREY C. MATEER  
First Assistant Attorney General

BRANTLEY STARR  
Deputy First Assistant Attorney General

JAMES E. DAVIS  
Deputy Attorney General for Civil Litigation

ANGELA V. COLMENERO  
Chief, General Litigation Division

/s/ Enrique M. Varela  
ENRIQUE M. VARELA  
Assistant Attorney General  
State Bar No. 24043971  
Office of the Attorney General  
P.O. Box 12548, Capitol Station  
Austin, Texas 78711-2548  
(512) 463-2120 (512) 320-0667 (FAX)  
[enrique.varela@texasattorneygeneral.gov](mailto:enrique.varela@texasattorneygeneral.gov)

*Attorneys for Defendant University of Texas MD  
Anderson Cancer Center*

### **CERTIFICATE OF SERVICE**

I hereby certify that a true and correct copy of the foregoing document has been sent via E-Service by File and Serve Texas on the 10th day of April, 2017, to:

Craig R. Keener  
1005 Heights Blvd.  
Houston, TX 77008  
[CRKeener@aol.com](mailto:CRKeener@aol.com)

/s/ Enrique Varela  
ENRIQUE VARELA